

## Application Data Sheet

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	SURGICAL CLAMP
Attorney Docket Number::	M81.12-0065
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	11
Small Entity?::	Yes
Petition included?::	
Petition Type::	

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Todd M.
Family Name::	Bjork
Name Suffix::	
City of Residence::	River Falls
State or Province of Residence::	WI
Country of Residence::	US
Street of Mailing address::	N7259 820th Street
City of Mailing address::	River Falls
State of Province of mailing address::	MN
Country of mailing address::	
Postal or Zip Code::	

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Todd William  
Family Name:: Sharratt  
Name Suffix::  
City of Residence:: Birchwood  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 613 Wildwood Avenue  
City of Mailing address:: Birchwood  
State of Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Christopher Lee  
Family Name:: Berg  
Name Suffix::  
City of Residence:: Crystal  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 6917 50<sup>th</sup> Avenue North  
City of Mailing address:: Crystal  
State of Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code:: 55428

**Comments: Repeat the above for each inventor**

### Correspondence Information

Name:: Z. Peter Sawicki  
Street of mailing address:: Westman, Champlin & Kelly  
900 Second Avenue South, Suite 1600  
City of mailing address:: Minneapolis  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 55402-3319  
Phone number:: 612/334-3222  
Fax number:: 612/334-3212  
E-Mail address:: zsawicki@wck.com

### Representative Information

Representative Designation::	Registration Number::	Representative Name:
Primary	20147	Nickolas E. Westman
Primary	34797	Judson K. Champlin
Primary	34847	Joseph R. Kelly
Primary	36188	Steven M. Koehler
Primary	34557	David D. Brush
Primary	38354	John D. Veldhuis-Kroeze
Primary	39758	Theodore M. Magee
Primary	35612	Deirdre Megley Kvale
Primary	42413	Christopher R. Christenson
Primary	41885	Brian D. Kaul
Primary	45466	Nathan M. Rau
Primary	45844	Christopher L. Holt
Primary	45956	Alan G. Rego
Primary	48516	Todd R. Fronek
Primary	49027	Linda P. Ji
Primary	53675	Leanne R. Taveggia
Primary	24383	Robert M. Angus

Primary	32015	David C. Bohn
Primary	30214	Z. Peter Sawicki
Primary	48774	Peter J. Ims
Primary	51655	Bryan F. Erickson

#### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

#### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

#### Assignee Information

Assignee name:: Minnesota Scientific, Inc.  
 Street of mailing address:: 4849 White Bear Parkway  
 City of mailing address:: St. Paul  
 State or Province of mailing address:: MN  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 55110-3325